



## OFFICE of TELEMEDICINE

January 7, 2008

Marlene Dortch, Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street SW  
Washington, DC 20554

Re: WC Docket No. 02-60

The Rural Healthcare Pilot Program

Dear Secretary Dortch,

As Medical Director and Director of the Office of Telemedicine of the University of Virginia Medical Center, we respectfully submit the following comments to the above captioned proceeding. We are very grateful to the Commission for its continued efforts to expand the Rural Health Care Program and for the establishment of the Rural Health Care Pilot Program. In particular, we wish to articulate our gratitude for the award of funding to the University of Virginia on behalf of the Virginia Acute Stroke Telehealth (VAST) Network.

The University of Virginia is honored to serve as the lead institution and the grantee on behalf of the Commonwealth of Virginia. Below, we articulate what we believe are two serious concerns in regards to the implementation of the pilot program as adopted in the Order of November 16, 2007. We request reconsideration of these specific programmatic elements by the Commission.

**1. The Rural Healthcare Pilot program application process, due May, 2007, required the applicant to "provide a project management plan outlining the project leadership and management structure, as well as its work plan, schedule and budget." The Order, however, denies funding for that specific effort.**

Incorporated within our proposal request was a management plan and structure which included salary support and funding for travel and outreach, oversight and evaluation of the project, which will integrate dozens of otherwise unaffiliated healthcare facilities serving rural citizens of the Commonwealth of Virginia. This effort does not result in a revenue stream to the University of Virginia to offset the cost of program management. No indirect costs were included within our proposal.

In addition, the FCC extended the pilot to a three year initiative which will allow us to connect additional facilities to the VAST Network. Expanding the telemedicine and e-health infrastructure in Virginia requires a sophisticated understanding of the clinical, technical, legal and business aspects of the proposal, to include careful attention to vital functions such as the crafting and execution of legal agreements

amongst partners, the education of clinical champions in targeted communities, marketing and outreach, monitoring deployed technologies and requisite detailed financial reporting and program evaluation. The project management structure is critical to ensuring a comprehensive and systematic approach to all programmatic elements.

*We respectfully request that the FCC reconsider its denial of funding for management, oversight and evaluative activities.*

**2. In the Order, the Commission also provided additional guidance regarding the types of entities that are not eligible to receive support, determining that the definition of “health care provider” does not include nursing homes, hospices, other long-term care facilities, or emergency medical service (EMS) facilities. The Commission declined to clarify further the definition of “health care provider”. We believe this pilot represents a unique opportunity for the FCC to evaluate the role of rural EMS providers in the provision of continuum of care.**

In response to our request for a waiver to integrate EMS providers into the Virginia Acute Stroke Telehealth (VAST) Network, the Commission declined to approve extension of universal service support to EMS providers not otherwise affiliated with an eligible healthcare facility. *“224. Although emergency medical service facilities are not eligible providers for purposes of the RHC Pilot Program, Pilot Program funds may be used to support costs of connecting emergency medical service facilities to eligible health care providers to the extent that the emergency medical services facility is part of the eligible health care provider.”*

In the case of stroke, and especially in rural communities, EMS providers represent the primary point of entry into the health care system. If EMS fails to respond appropriately to a stroke incident, the time sensitive levels of care enabled by the use technology could be unnecessarily delayed.

In the Commonwealth of Virginia, only a few EMS providers fall organizationally under the structure of an “eligible health care provider.” EMS providers, and rural EMS providers in particular, are the first point of entry to the healthcare system and are critical to our proposed model acute stroke system of care. Most Virginia EMS providers organizationally either fall under the jurisdiction of a regional EMS council or that of a city or county, rather than a rural hospital system. Large urban hospitals have sufficient funding to support their own emergency medical service capability, but it is rare to find such services associated with a rural community hospital or a critical access hospital. Yet functionally, no one contests the critical role of rural EMS providers as health care providers in the continuum of emergency care. We maintain that our proposal to link EMS providers via broadband to the VAST network is an appropriate application of the Rural Health Care Pilot Program to enhance access to stroke services and to timely and appropriate care.

By extension, rationally, in the case of a disaster, EMS providers serve as the primary access point to health care, and are a key element of our nation's emergency preparedness functionality. We believe this program offers a unique opportunity to pilot broadband connectivity to EMS providers/first responders.

Thus we request that the FCC reconsider its decision to exclude rural EMS providers in the pilot program. Alternatively, we seek clarification from the FCC as to what might be required organizationally to permit EMS providers to conform to its definition of "part of the eligible health care provider" without creating undue legal and financial burdens to either party. When better to evaluate such a pilot than via the Rural Health Care Pilot Program?

In conclusion, we are deeply appreciative of the support of the Federal Communications Commission as evidenced by the funding of the VAST Network and for its continued efforts to expand the Rural Healthcare Program. We respectfully request the Commission reconsider the points articulated in these aforementioned comments.

Sincerely,

Karen S. Rheuban M.D.

Medical Director

Office of Telemedicine, University of Virginia Medical Center

Eugene Sullivan M.S.

Director